PART R - FEE(S) TRANSMITTAL

. DEC 1 2 2005	his form, together wit	h applicable f	ee(s), to: <u>Ma</u> or Fa	P.O. Box 1 Alexandria x (571) 273-2	ISSUE FEE oner for Pate 450 a, Virginia 22 885	2313-1450		
INSTRUCTION This for corrected the maintenance fee notification	rm should be used for tran respondence including the l below or directed otherwise is.	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and PU rders and notific a) specifying a r	BLICATION FEE ation of maintenance new correspondence	(if required). Blee fees will be maddress; and/or (ocks 1 through 5 sailed to the current (b) indicating a sept	hould be completed when correspondence address a arate "FEE ADDRESS" fo	
CURRENT CORRESPONDENC		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, much ave its own certificate of mailing or transmission.						
John J Daniels Es 511 Foot Hills Roa Higganum, CT 064 13/2005 EAYALEW2 00000			I hereby certif States Postal S addressed to	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
13/2005 EAYALEW2 00000 FC:2501	700.00 OP			transmitted to	12/09	Dorels	(Depositor's name (Signature (Date	
A DRI ICA TION NO	ELLING DATE		FIRST NAMED I	NIVENTOR		NEY DOCKET NO.	CONFIRMATION NO.	
APPLICATION NO. 09/505,803	FILING DATE 02/17/2000	James 1				RA6-021400	7268	
TITLE OF INVENTION: M								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FI	EE TOT	AL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$35	•	\$0		\$35	12/09/2005	
EXAMINER		ART UNIT		CLASS-SUBCLAS	s			
"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND		ation form e of a Customer E PRINTED ON T	registered attorney or agent) and the names of up to					
(A) NAME OF ASSIGNI RECAST ANGO	ee 1 Goop	(E	B) RESIDENCE North Ha	(CITY and STATE ven, CT	OR COUNTRY))		
Please check the appropriate					l Corporatio	on or other private gr	oup entity Governme	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.								
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Advance Order - # of	f Copies		The Direct Deposit Accou		zed by charge the	e required fee(s), or (enclose an extra	coredit any overpayment, copy of this form).	
5. Change in Entity Status a. Applicant claims SI The Director of the USPTO NOTE: The Issue Fee and Properties of the USPTO	MALL ENTITY status. See	37 CFR 1.27.		t is no longer claimin			10/11/	
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Authorized Signature	, /c/~ ().	<u> </u>		Date	e 12 0g	105	•	
Typed or printed name	1 John J.	D Anse	الحال	Reg	istration No.	<u> 34,808 </u>		
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